RD15#2490 RCRA RECURDS CENTER FACILITY Prat & Whitney-Main St R-1A

12/97 3/17/95 5 50W/18 Form Approved. OMB NO. 2050-0028. Expres 10-31-9/8/18/80

I.D. NO. CTD99 06 7 2081

Please print or type with ELITE type (12 characterspen in the unshaded areas only Please refer to the Instructions for Filing Notification before completing this form. The information requested here is



Notification of **Regulated Waste Activity**

Date Received (For Official Use Only)

required by law (Section 3010 of the Resource Conservation and Recovery Act). United States Environmental Protection Agency I. Installation's EPA ID Number (Mark 'X' in the appropriate box) C. Installation's EPA ID Number A. First Notification **B.** Subsequent Notification X 2 0 9 0 6 8 C TD (complete item C) II. Name of Installation (Include company and specific site name) P RA Т T æ WH Ι T N E Y III. Location of Installation (Physical address not P.O. Box or Route Number) Street 4 0 0 M Ι N Т E Α S R E T Street (continued) State ZIP Code City or Town E S A T Н R T F 0 R D C Ţ 0 6 8 Α 1 0 County Code **County Name** H R T F 0 R D IV. Installation Mailing Address (See Instructions) Street or P.O. Box E AM State City or Town ZIP Code V. Installation Contact (Person to be contacted regarding waste activities at site) Name (last) (first) RIO S Ε N В E R G 0 E T В R Job Title Phone Number (area code and number) DII OR F 2 2 6 RIE C T & S 0 5 6 5 8 9 VI. Installation Contact Address (See Instructions) L. Contact Address B. Street or P.O. Box Malling X State ZIP Code City or Town VII. Ownership (See instructions) A. Name of Installation's Legal Owner P U N I T E D T E C H N 0 G I E S C 0 R Street, P.O. Box, or Route Number 352. Ε N N Ι A Ι City or Town State ZIP Code RT F R D C T 0 6 0 H Α 0 1 D. Change of Owner (Date Changed) Month Day Year C. Owner Type B. Land Type Indicator Phone Number (area code and number) No Yes 0 7 2 P P 2 8 7 0 0 0

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			ID - For Offici	al Use Only
VIII. Type of Regulated Waste Activity (Mark "X" in the appropriate boxes. Refer to Instructions.)				
A. Hazardous Waste Activity		B. Used Oil Fuel	Activities	
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220 - 2,200 lbs.) c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify IX. Description of Regulated Wastes (U	3. Treater, Storer, Disposer (a Nota: A permit is required if this activity; see instructions 4. Hazardous Waste Fuel a. Generator Marketing to below) b. Other Marketers c. Burner - indicate device Type of Combustion D. 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnal 5. Underground Injection Corpse additional sheets if necessary)	Burner se(s) - evice mirol	1. Off-Specification 1. Generator II. Generator II. Denomination 1. Ut 1. Ut 2. in 3. In IX 2. Specification for On-site B the Oil Meets	tion Used Oil Fuel r Marketing to Burner rikerer indicate device(s) - combustion Device lity Boiler dustrial Boiler dustrial Furnece Used Oil Fuel Marketer umer) Who First Claims the Specification
A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)				
1. Ignitable 2. Corrosive 3. Reactive (D001) (D002) (D003) X X X	(Dooo) (List specific EPA hazzar	0 0 5	D 0 0 0	5 D O O 7
B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)				
I 2 F 0 0 1 F 0 0 2 F 0 0 7 F 0 0 8	3 4 F 0 0 3 F 0 0 9 10 F 0 0 9 P 0 1	┵┵┪┟	F 0 0 5 11 . P 0 1 5	F 0 0 6 12 P 0 2 9
C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)				
1 2 D 0 0 8 D 0 0 9	3 4 D 0 1 0 D 0 1	1	5 D 0 1 2	6 D 0 1 3
X. Certification				
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.				
Signature	Name and Official Title (type or pr Robert D. Rosenberg, I	-	Date Signer	d
XI. Comments				
Adding Blende Bloom adjuits				
Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)				